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8ib Data Sheet

CONFIRMATION NO. 9315

|   |   |   |   |   |                                |
|---|---|---|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/929,890  | <b>FILING DATE</b><br>08/15/2001<br><b>RULE</b>   | <b>CLASS</b><br>455                                 | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>678-671 (P9671) |                                |
| <b>APPLICANTS</b><br>Jong-Cheol Bae, Daegu-Kwangyokshi, KOREA, REPUBLIC OF;<br>Keon-Young Park, Kumi-shi, KOREA, REPUBLIC OF;<br><b>** CONTINUING DATA *****</b> None<br><b>** FOREIGN APPLICATIONS *****</b> LH<br>REPUBLIC OF KOREA 2000/86193 12/29/2000<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 09/18/2001</b>   |   |   |   |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met <input checked="" type="checkbox"/> Allowance<br>Verified and <i>Lina Reshem LH</i><br>Acknowledged <i>Examiner's Signature</i> <i>Initials</i> |   | <b>STATE OR COUNTRY</b><br>KOREA,<br>REPUBLIC<br>OF | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>6                      | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Paul J. Farrell, Esq.<br>DILWORTH & BARRESE, LLP<br>333 Earle Ovington Blvd.<br>Uniondale, NY 11553   |   |   |   |   |                                |
| <b>TITLE</b><br>Method for providing an occasion date notification function in a phone  |   |   |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>710   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |